

## CLAIMS ONLY

Application Number

1015200CA7

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2	/					
3	/					
4						
5						
6	/					
7		/				
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45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	6					
Total Claims	8					

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						

2

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8

